MENTAL HEALTH PROFESSIONALS' PERCEPTIONS OF WOMEN'S EXPERIENCES OF FAMILY VIOLENCE

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ABSTRACT: This study explored perceptions of 92 mental health professionals regarding violent families. They were asked to answer the questions on the Family Environment Scale as they thought women who lived in homes where they and their children were physically and/or psychologically abused would respond. Their scores were compared to those of 28 mothers in battered women's shelters. They differed significantly in their perceptions of violent family dynamics with regard to levels of cohesion, expressiveness, independence, intellectual-cultural orientation, active-recreational emphasis, and moral-religious emphasis. They believed the women to have lower levels on these constructs than the women actually reported. Implications suggest that mental health professionals could be more aware of the dynamics of violent families in order to efficiently uncover the violence during therapy sessions and provide appropriate services.

KEY WORDS: family violence; abused children; abused women; mental health professionals.

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There are reports that suggest that the incidence of family violence seems to be occurring more frequently than previously believed (La Cerva, 1993). Others have raised the question of whether or not family violence is actually increasing or is the apparent increase a result of more complete reporting (Gelles & Straus, 1988). There have indeed been increasing reports of spouse abuse and child abuse in recent years. These are both manifestations of violence in the home. Such abuse is traumatic and can leave lasting physical and psychological scars on family members. Growing up in a violent and abusive home often results in lifelong difficulties especially for a child (Gelles & Straus, 1988).

A troublesome result of living in a violent home is the tendency to continue the intergenerational cycle of violence (Douglas, 1991; Yegidis, 1991). This is evident by the numerous persons involved in violent relationships who have a long family history of domestic violence. Gelles and Straus (1988) suggest that approximately 30% of abused children mature into abusive parents. Some consequences of violence in the family include post-traumatic stress, low self-esteem, maladaptive coping methods, and learned helplessness.

Mental health professionals are in a position to alleviate some of this strain by assisting violent families in becoming healthier systems. However, well intentioned professionals may have difficulty addressing the actual issues present in the family because families are generally reluctant to reveal the true story of their experience (Arias & Beach, 1987). Additionally, Cotroneo (1988) reports that certain areas of American culture actually promulgate misconceptions of family violence. For example, the religious arena of American culture may make it harder for an abused wife to report that her husband, a deacon in the church, is beating her each night. She may have been taught specifically that he is the "head" of her home, and that she is to be "meek." In addition, the popular myth that "money buys everything" may result in wealthy wives who are reluctant to admit that their home is violent. Therefore, mental health professionals must be cognizant of warning signs which might indicate the presence of violence in a home (Willbach, 1989).

According to Moos (in Pino, Simons & Slawinowski, 1984), the family environment is the setting in which individuals learn to adapt and function in the overall societal environment. In this informal classroom, members learn how to share, communicate, and assume roles. As a result, negative behaviors experienced and learned in the family of origin, such as excessive criticism and verbal abuse, will probably spill over into other areas of life, such as school, jobs, and social life. For instance, an adult who grew up in the presence of significant

violence in the home may appear to function at a normal interactional level until this person enters into a committed relationship with someone else. At this time, jealousy and controlling behaviors may surface, causing serious discord in the relationship. When the situation is compounded by the birth of children, the stress level in the home increases, providing further complications.

Many individuals in this situation make a conscious decision to seek help to negotiate change in their interactional styles. Possibly the victim has decided he or she no longer wishes to be accountable to the abuser or perhaps the family has been referred to child protective services for family intervention because the children have gone to school with bruises or are severely withdrawn. Whatever the reason, many families may not present for therapy until the situation has reached a critical level. However, typical negative behaviors may not be as obvious when these families are in the presence of a therapist because of their desire to appear as socially appropriate as possible. It would seem critical that mental health professionals be aware of these difficulties and also have the ability to identify serious problems in a family presenting with seemingly benign conflict.

While many mental health professionals have had some training and/or experience concerning the dynamics of violent family systems, violent behaviors are not typically exhibited in the therapy session. A hypercritical parent may wait to berate children for their actions and statements until after a therapy session, when they are in the car and on the way home. In addition, new clients often refrain from yelling or screaming during their early visits to a mental health professional. Therefore, a salient question might be, to what degree are mental health professionals able to see beyond presenting behaviors and truly understand the type of environment in which the family exists?

MENTAL HEALTH PROFESSIONALS' PERCEPTIONS OF THE VIOLENT FAMILY ENVIRONMENT

Viewing family violence from a feminist perspective, Avis (1992) states that subjecting women to violent acts is encouraged and even condoned in patriarchal societies such as the United States. As evidence of such promotion of violence, the author offers examples from the research literature. One report suggests that more women are harmed by violent acts perpetrated by partners and husbands than in all of the motor vehicle accidents, muggings, and rapes combined in Canada

and the United States (Avis). Avis believes that this statistic assumes that male violence toward females is at least highly common in society, if not actually sanctioned. Avis suggests that assault upon women by men is a type of class effort to maintain control in a culture of male dominance.

Studies have shown that many males choose to act upon, or subscribe to the belief that it is their privilege to coerce women in order to achieve the sexual gratification that they need (Gelles & Straus, 1988). In addition, a systems perspective may be conducive to the perpetuation of violence in that it decreases the degree of responsibility the male should take for his actions. This decrease occurs when the abuser's actions are reframed as an unhealthy style of asking for some basic human need. While such reframing results in a more positive view of the transaction, Avis believes that such a view has consequences of victimhood for the abuser as well as the victim. She criticizes the systemic perspective as assigning blame to the victim rather that ascribing full responsibility to the abuser. Therefore, it may be easier for the therapist to be unaware of the actual dynamics of the transaction (Avis). Therapists appear to avoid or even ignore the entire issue of family violence. Avis provides, as proof of such evasion, the publications of the profession, which exhibit minimal numbers of articles regarding this societal problem. Since mental health professionals may not recognize family violence, they should be required to take classes addressing such behaviors in the course of their training (Avis).

Lamb (1991) supports Avis' contentions. At least half of a large number of professional articles he reviewed contained passive language or normalizing terminology regarding the abuse of women. Professionals may be causing additional harm due to the manner in which they are documenting domestic violence at the hands of men. Lamb (1991) reports that social workers were less likely to use weak language, and that marriage and family therapists were more likely to portray men abusing women in a less harsh light.

Bograd (1992) suggests that family therapists' views of the family from a systems perspective sometime result in a decrease of the abuser's responsibility for his or her actions. Therefore, a systems perspective may conflict with ascribing responsibility to the abuser. In addition, stubborn adherence to the portrayal of therapy as a secluded interaction with individuals who truly want to change may prevent therapists from seeing the entire picture (Bograd, 1992). She fears that some therapists may subscribe to that notion so strongly that they minimize allegations of violence so as to retain the strength perspective of the therapy.

Bograd posits that such biases may actually facilitate the continuation of family violence. Perpetuation of the violence is more likely, since the violent behavior is not addressed, and the therapist assumes that clients are entering therapy with openness and honesty.

According to Dell (1989), violence is a linear concept related to the human quest for power. As such, it is not conducive to the systemic approach since that perspective cannot appropriately grasp the phenomenon while shying away from terminology alluding to perpetrators and victims. Dell is concerned that avoidance of those words results in laying blame where there is no responsibility, upon the victims. An earlier writing by Wynne (1986) seems to support Dell's contention that linearity is necessary in examining phenomena such as violence in family systems. However, Wynne (1986) would argue that the dynamics in violent family systems are lineal (i.e., a relation among causes of a phenomenon such that the sequence comes back to a starting point) rather than linear (i.e., a directional relationship between variables that continues to move away from the starting point). As a consequence, systemic approaches to therapy would not be compromised if one were to embrace Wynne's concept of lineal relationships. In further elaborating the issue, Lipchik (1991) believes that systems theory does not ascribe guilt upon both parties of an abusive relationship, but simply seeks an understanding of the complete relationship dynamic as each individual contributes to it. Such a focus should therefore show the family how all the members respond to the abuse and how their entire lives are affected.

Willbach (1989) cautions that in the absence of openly declared abusive dynamics, therapists may not realize the presence of the abuse, or the extent to which it exists in the family. Therefore, it would seem prudent for therapists to be especially aware of family dynamics that could suggest the possible presence of unhealthy and aggressive interactions. Such indicators might include a single member dominating the conversation, other members appearing unwilling to discuss the issue, extreme charm on the part of one member during the session, and any evidence of physical altercations such as bruises and cuts.

In addition to developing an awareness of violent family symptomology, Gelles and Straus (1988) encourage professionals to become sensitive to the economic barriers faced by women who consider removing themselves from an abusive situation. Indeed, Willbach (1989) posits that economics as an issue of control should be evaluated by therapists, as should verbal threats and personal fears of retaliation should the victims attempt to stop or report the violence to the therapist. Any

therapist who is insensitive to these dynamics runs the risk of alienating the client, and possibly facing treatment dropout.

There seem to be identifiable variables such as therapist's perceptions, patriarchy, and fear of retribution, which contribute to a therapeutic block in family therapy when violence is concerned. In addition, it is difficult to decipher whether or not commonly utilized theories and techniques, the patriarchal structure of the family or society, or reluctance on the part of professionals to investigate situations more fully as they are presented by the family in therapy, play a role in this phenomenon. Therapists who are willing to address the issue of family violence may lack information regarding symptomology and interfamily interaction. Certainly, there appears to be a shortage of professional literature regarding this issue, and training programs for therapists may not necessarily cover the topic comprehensively.

Family violence can be a very complicated treatment dilemma. Unfortunately, many competent health professionals have not received education specific to the dynamics of family violence. Such dynamics are inconstant and multifarious, thereby necessitating specialized treatment procedures about which the average therapist may be unaware (Almeida & Bograd, 1991). Such procedures include contracts insuring safety and constant resistance to the pull of the family.

A salient research question would be what do practicing therapists know about violent families? Even more basic is the question, can they identify violent family systems that present for therapy? Knowing this would support or refute the suggestion that further training may be necessary. The mental health professionals surveyed in this study included Licensed Marriage and Family Therapists (LMFTs), Licensed Master's of Social Work (LMSWs), and Licensed Professional Clinical Counselors (LPCCs), since these groups typically work with violent families in therapy.

METHODOLOGY

In an effort to understand how accurately mental health professionals perceive the presence and dynamics of family violence in New Mexico, this study compared their responses to the responses of women who live in homes in New Mexico where they and their children were physically or psychologically abused. It was hypothesized that professionals' perceptions would be significantly different from those of the women. The perceptions of the women residing in violent families were

obtained from an earlier study using the Family Environment Scale (Crnkovic, 1995). In that earlier research, the mothers interviewed reported significantly higher levels of Conflict and Control and significantly lower levels of Cohesion, Expressiveness, Independence, Intellectual-Cultural Orientation, and Active-Recreational Emphasis in their homes than the population upon which the norms for the scale were established (Moos, 1987).

The target sample for this study was 300 Licensed Marriage and Family Therapists (LMFTs), Licensed Master's of Social Work (LMSWs), and Licensed Professional Clinical Counselors (LPCCs) (100 per group). Subjects were chosen randomly by a computer after a list of all the LMFTs, LMSWs, and LPCCs currently holding a license was obtained from the Counseling and Therapy Practice Board in Santa Fe, New Mexico. The LMFT sample included 37 males and 63 females; the LMSW sample 20 males and 80 females; and the LPCC sample 24 males and 76 females.

Questionnaires, with an enclosed, numbered envelope, were mailed to each participant. Two follow-up letters were mailed to those persons who did not respond. The overall return rate was 31 percent.

Four Multiple Analyses of Variance (MANOVAs) were run to test differences in mean vectors for professionals versus the women, LMFTs versus the women, LMSWs versus the women, and LPCCs versus the women. The p values for all four tests were less than 0.01. Hence, a separate analysis of variance was run for each of 10 response variables for the four comparisons above. The latter three tests (each group versus the women) were tested using contrast statements in SAS's GLM procedure (SAS, 1989).

The mental health professionals surveyed believed that women from violent families experience less of a sense of bonding, and less safety in expressing needs, opinions, and feelings than the women believed themselves.

The professionals also indicated that they thought the women felt little sense of assertiveness in their families, a lesser interest in cultural and recreational activities, and less of a concept of a higher power guiding their behaviors than an average family. However, there were similarities between professionals and the women as well. Professionals' responses as a group were statistically similar to those of the women regarding the level of aggression in the home, the degree to which achievements are cast in a competitive light, the degree to which roles are cast rigidly, and the amount of power that a single family member may have over the group. The findings of this study indicate that mental

TABLE 1
Overall Mean FES Scores for Mothers and Professionals

Subscale	*Mothers* $\bar{x}$	*All Prof* $\bar{x}$
Cohesion	5.07	*3.20
Expressiveness	4.79	*2.01
Conflict	5.61	6.32
Independence	5.07	*3.05
Achievement	5.75	5.83
Intellectual-Cultural	4.71	*2.21
Active-Recreational	4.07	*2.60
Moral-Religious	6.07	*4.82
Organization	4.29	4.29
Control	6.25	7.14

Note: Professional n = 92, Mother n = 28. Significant at $p < .05$ (two-tailed) = *.

health professionals are aware of family violence, but the professionals may have some misconceptions as to the complex and unusual interactional patterns that exist in those families. While this group of professionals appears to have been aware of the presence of violence, their conceptualization of the actual interactional behaviors appears to have been inaccurate.

COMPARISONS AMONG MENTAL HEALTH PROFESSIONALS

LMFTs reported results very similar to those of the mental health professionals in general. They agreed with the larger professional group in their opinions that women from violent homes experience lower degrees of Cohesion, Expressiveness, Independence, Intellectual-Cultural Emphasis, and Moral-Religious Emphasis than the mothers actually reported. However, they also believed that such families have a greater interest and involvement in recreational and extracurricular activities than the rest of the professional group did. Willbach (1989) reports that family therapists are trained to believe strongly that all families have a sense of self-reliance and autonomy as well as a certain degree of mental and emotional health. While such a finding could

TABLE 2
LMFT FES Scores, Hypothesized to be Significantly Different than Mothers' Scores

Subscale	*Pr > F*	*Mothers' $\bar{x}$*	*LMFT $\bar{x}$*
Cohesion	**.0040	5.07	2.85
Expressiveness	**.0001	4.79	1.76
Conflict	.1084	5.61	6.70
Independence	**.0003	5.07	2.97
Achievement	.4914	5.75	6.09
Intellectual-Cultural	**.0010	4.71	2.27
Active-Recreational	.0912	4.07	2.97
Moral-Religious	*.0163	6.07	4.79
Organization	.6110	4.29	3.91
Control	.1406	6.25	7.09

Note: Significance = *(Alpha .05), **(Alpha .01). Mother n = 28, LMFT n = 33.

partially explain the LMFT's belief that the families are more interested in activities and recreation away from home, it would seem contrary to the LMFT's opinions that those same families experience lower levels of Independence and Expressiveness. In addition, Willbach expresses a concern that the systemic perspective adopted by LMFTs may contribute to blaming the victim for her plight since she would then have as much power in the relationship as her abuser. It seems that these results do not support that concern, since LMFTs did not significantly differ from the mothers in their perceptions of Control in the family.

The LMSWs also reported similar perceptions to the mental health professionals in general. They described violent families as less Cohesive and Independent, with little emphasis on Intellectual-Cultural and Moral-Religious activities, and less interest in Active-Recreational functions. These lower perceptions are in comparison to the women's actual scores. However, the LMSWs also thought that these women experienced a higher level of Control in their families than the actual women did. This would suggest that perhaps the LMSWs believed a person (such as the abuser) would have more power in the violent family situation than the women believed they did. According to Arias and Beach (1987), individuals who utilize violence seem to portray themselves as less violent because of the social desirability of nonvio-

TABLE 3
LMSW Scores, Hypothesized to Differ Significantly from Mothers' Scores

Subscale	*Pr > F*	*Mothers' $\bar{x}$*	*LMSW $\bar{x}$*
Cohesion	*.0110	5.07	3.04
Expressiveness	**.0001	4.79	1.86
Conflict	.2435	5.61	6.43
Independence	**.0001	5.07	2.61
Achievement	1.0000	5.75	5.75
Intellectual-Cultural	**.0001	4.71	1.43
Active-Recreational	**.0022	4.07	1.96
Moral-Religious	*.0146	6.07	4.71
Organization	.3788	4.29	4.96
Control	*.0169	6.25	7.67

Note: Significance = *(Alpha .05),**(Alpha .01). Mother n = 28, LMSW n = 28.

lence. In many cases, LMSWs see the families in their natural environment, and are therefore more likely to meet the abuser, and therefore may be better able to view more obscure controlling and abusive behaviors. In addition, LMSWs often view safety as the primary objective when they first begin to work with a family. Therefore, while the abuser attempts to appear benign, looking at the situation from a safety need perspective may result in the LMSWs actually being more cognizant of the abuser's control issues. This might explain the higher levels of controlling behavior attributed to the abuser in violent families by LMSWs.

LPCC's perceptions were parallel to the overall professional group on the subscales of Expressiveness, Independence, Intelligence, and Moral-Religious Emphasis. However, LPCCs also believed that violent families have more involvement in recreational activities than the overall group. They also attributed a greater sense of togetherness and commitment to those families than the other professionals did. In fact, their responses in these areas did not differ significantly from those of the women. This finding may be somewhat explained by Kaufman's (1992) research, which reports that women are either silent or exhibit only the mildest signs of abuse in therapy. A lack of outright dissension and complaining of abuse may result in the professional viewing the family members as being more committed and together in their thinking as they present for treatment. However, one would expect LPCCs

TABLE 4
LPCC FES Scores, Hypothesized to Differ Significantly from Mothers' Scores

Subscale	*Pr > F*	*Mothers' $\bar{x}$*	*LPCC $\bar{x}$*
Cohesion	.0790	5.07	3.71
Expressiveness	**.0002	4.79	2.42
Conflict	.7711	5.61	5.81
Independence	**.0091	5.07	3.55
Achievement	.7849	5.75	5.61
Intellectual-Cultural	*.0116	4.71	2.84
Active-Recreational	.0505	4.07	2.77
Moral-Religious	*.0356	6.07	4.94
Organization	.8014	4.29	4.10
Control	.4258	6.25	6.71

Note: Significance = *(Alpha .05), **(Alpha .01). Mother n = 28, LPCC n = 31.

to be even more intense in their scrutiny of cohesion indicators because of their beliefs that violent families have low levels of expressiveness and independence. LPCCs felt very strongly that a therapist must take the clients' position or world view. Consequently, they may be more easily influenced to believe the environment is benign, a somewhat skewed picture of reality seen through the lenses of client representation.

It was beyond the scope of the present investigation to examine gender differences between male and female mental health professionals. In addition, the low number of responses from males also made it questionable to do an analysis for gender differences. However, an interesting result from the demographic questionnaire was that the majority of male respondents believed that their gender did not affect the manner in which they would treat a violent family system. The investigators in the present research suspect that since men generally do not fear for their safety to the degree that women do, male mental health professionals may have difficulty identifying with women and children who live in violent family systems. Examining gender differences between mental health providers could be a fertile area for subsequent research.

SIGNIFICANCE OF THE STUDY

Considering the way in which the professional scores were distributed, it seems possible that the professional group as a whole tends to view women from violent homes in a victim role. All of the professionals perceived the women to have lesser degrees of family belongingness and commitment, as well as less ability to state their feelings and opinions in an assertive manner. In addition, these women were perceived as being less interested in outside activities and goings-on, and as demonstrating an absence of a strong faith in a benevolent benefactor. All of these perceptions may be indicative of a type of "assigned" learned helplessness. Seligman's (1974) theory of Learned Helplessness proposes that the natural anxiety in response to chronic stress and danger often develops into a deep depression and a sense of helplessness as far as helping oneself to better the situation. It is possible that the professionals in this study have begun to attribute such a condition to their clients, thereby projecting that type of perception and state onto their clients. Granted, the professionals may be basing their opinions upon research as well. For example, Schill, Bryler, Morales, and Ekstrom (1991) have reported that persons who suffer from a self-defeating personality often view their families as being fundamentally nonsupportive, resulting in low self-esteem and passive behavior. While this is a fairly consistent finding, it should be remembered that the mothers reported lower levels of Cohesion and Expression, Independence, Intellectual-Cultural Emphasis, and Active-Recreational Emphasis than the average population (Crnkovic, 1995). However, the professionals in the current study reported perceptions of the dimensions at even lower levels than those previously reported by the women.

Consequently, it would appear that professionals in New Mexico are not only inaccurate to some extent in their conceptualizations of the violent family environment, but they may also prescribe a greater degree of pathology to their clients than actually exists. Such a practice could conceivably lead the mental health professional to assign an individual to a victim role. This could decrease her chances of successfully restructuring her life to include a certain degree of health. Cotroneo (1988) cautions against such assigments, since they may result in the client developing an even stronger drive to make personal decisions which conform to the opinions of others. Therapists who are striving to help their clients prevent such a situation from happening to them again should be excessively vigilant to insure that such a dynamic does not develop in the therapist-client relationship.

IMPLICATIONS FOR PROFESSIONALS

As professionals strive to ameliorate the growth of family violence, and all of the resulting effects, it would seem prudent for them to be aware of the entire context of violent family systems. Gelles and Straus (1988) believe quite strongly that therapy should address the underlying core of the issue rather than simply sweeping over the top of an intricate pattern of interaction. It would seem impossible to truly address those underlying contributors without first having a comprehensive understanding of the violent family environment. In light of the current research results, it may be safe to say the mental health professionals in New Mexico are relatively cognizant of some aspects of these dynamics. However, there are enough discrepancies between their perceptions and those of women from violent homes that it should serve as an indication of a need for more in depth training before professionals enter into actual practice, as well as the possible need for continuing education programs which focus on violent family dynamics.

For example, training programs might be more effective if they addressed the less obvious aspects of family violence, such as issues of self-expression, a sense of commitment to the family, the level of independence that clients have, the extent to which their spirituality may affect their situation, and community resources that they are already using. It might be beneficial to train survivors of abusive families (both the abuser and the victim) to become educators for the profession. Possibly one of the greatest implications for professionals in this study is the need to be aware of strengths and weaknesses in individual training and expertise, and to strive to bolster one's knowledge base regarding the issue of family violence so as to better provide the quality of care deemed appropriate for the client population. Truly taking the clients' position includes understanding their environment. As professionals are dedicated to guiding their clients into a safer and healthier future, it would seem logical that they would wish to become more aware of their present knowledge, and also to strengthen that construct into a more comprehensive data base from which to draw from when working with clients from violent homes.

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